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FOUR NARROW ESCAPES FROM DEATH
FROM HYPERANÆSTHESIA,

AT SURGICAL OPERATIONS.

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BUT few operators doubt the danger attending the administration of the anæsthetics, ether and chloroform, and still fewer are ever brought face to face with instances of the practical illustration of these dangers. It is not my purpose, at this time, to search the literature of hyperanæsthesia from ether and chloroform, but merely to recite four cases in which I had narrow escapes from death.

In the administration of anæsthetics, my preference is for chloroform, first, last, and all the time; this preference is based upon the conviction that it is the best and the safest, and even the mildest may prove a source of disaster. I do not trust to inexperienced hands to superintend the process of its administration. Every precaution is taken to avoid giving too much, and no crowding, except in extreme cases, is permitted. Sufficient air is allowed to enter the lungs along with the anæsthetic to accustom the patient to the presence of the agent, thereby not putting him in constant fear of suffocation. The pulse, the respiration, and the face are watched for the first signal of danger. Everything about the neck, chest, and abdomen is loosened; unnecessary talking and bustle are not encouraged.

presented by the author



I have profited by the lessons I learned in the four instances which have fallen to my lot. They will be stated briefly.

CASE I.—Mary C., white, aged thirty years, attempted suicide October 21, 1879, by inhaling chloroform. When seen the narcosis was complete. Under the inhalations of the nitrite of amyl, she revived and was discharged from treatment the next day.

CASE II.—Johnson B., colored, aged seventeen years, was anæsthetized May 8, 1881, for amputation of the fingers. Without warning he became pulseless and ceased to breathe. Resort was had to spanking, shaking, and cold water to the face. In the shaking, he slipped from the table head foremost, and being a heavy fellow, he could not be picked up immediately. His falling and hanging head down revived him, before the nitrite of amyl bottle could be opened.

CASE III.—Lottie A., colored, aged three days. Owing to the fragility of the umbilical cord and an hereditary tendency as a bleeder, there was frequent hemorrhage from the stump. On March 20, 1889, I met the attending physician in consultation. Pressure and a new ligature afforded but temporary relief, so I introduced hare-lip pins and twisted around them a strong thread. For some hours this proved successful. At 12 o'clock, on March 21, we administered the alcohol, chloroform and ether mixture, and I proceeded to open the abdomen so as to pass a ligature around the cord before its exit, and then fix it in the wound. Little progress had been made in our operation when the child ceased to breathe, and no pulse could be detected at the wrist. The child was immediately suspended by the feet, and in a few minutes

it had revived sufficiently to allow us to proceed with our operation. It succumbed a second time and was revived by the same means. The operation was finished, but the child died on the next day.

CASE IV.—Daniel D., colored, aged seventeen was first seen on April 10, 1889. Diagnosis: Syphilis, gonorrhœa, and phimosis. ~~During~~ the gonorrhœa, he was to be circumcised on April 19. Present: Drs. R. S. Hill and R. A. Pyles. The anæsthesia was commenced with ether, and continued with an admixture of ether and chloroform. There was no crowding or hurry. The ether appeared to have a very depressing effect on him, but this passed off when chloroform was substituted. As I was about to operate the breathing ceased and the pulse stopped. He was drawn to the edge of the bed, with his head hanging down. This had no visible effect. He was then held up by the feet. For some minutes water ran from his mouth and nose, the eyes were set and staring, the face puffed; no pulse could be detected; no respiration was perceptible; no evidence of life was apparent. We were beginning to despair when a faint, scarcely perceptible respiratory effort was noticed. Dr. Pyles gave hypodermatics of whisky and of whisky and aqua ammonia. A few faint efforts at respiration reassured us, and when the nitrite of amyl bottle arrived, although ten minutes had elapsed while he was suspended, the suspension was continued about five minutes more, in addition to the inhalation of the amyl. The amyl was used unsparingly, and at the end of half an hour he was conscious and out of danger.

Such has been my experience with cases of hyperanæsthesia at surgical operations, and I trust my suc-

cess in their treatment will prove useful to others ; but I shall always regret the publication of this paper, should it be the cause of recklessness in the use of these potent agents.

This method of resuscitation — the suspension method—has been called the “Nélaton method,” but I fancy it is of a much older date, as Dewees,¹ in 1828, mentions the suspension method as follows : “By placing the child’s mouth downward, and holding the body and hips higher than the head ; at the same time gently shaking the child, so as to disengage any mucus that may be lodged in the trachea. By proceeding in this manner, I have often had the satisfaction of seeing the child restored under very discouraging circumstances.”

Nélaton employed this method in 1857. The value of this method in childbirth, I have discussed elsewhere.²

Chisholm³ read before the Baltimore Academy of Medicine a paper entitled, A Very Valuable Lesson for those Who Use Anæsthetics, in which he vigorously advocated this method of resuscitation. It is the most notable contribution to the subject under discussion of which I have knowledge.

¹ Dewees, “System of Midwifery,” p. 188.

² Eliot, “Trans. Amer. Association Obs. and Gynec.,” Vol. I, p. 217.

³ Chisholm, *The Medical Record*, Vol. XXXIII, p. 63.